

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 165

63-029515

STATE FILE NUMBER

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

RANDOLPH

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MOBERLY

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION WINN HOME

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

RANDOLPH

c. CITY OR TOWN

MOBERLY MO

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

404 JOHNSON ST

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Fred

Middle

BASSET

Last

4. DATE OF DEATH

JUNE 30 1963

Month

Day

Year

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married

☐ Never Married

☒ Widowed

☐ Divorced

8. DATE OF BIRTH

9/19/1885 78

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

DARKSVILLE

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

HENRY MARTIN

13b. MOTHER'S MAIDEN NAME

ANNA

14. NAME OF HUSBAND OR WIFE

ANNA MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

MISSOURI

17. INFORMANT

Miss Kate Wann 404 Johnson St Moberly Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary failure

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.

DUE TO (b)

Cerebral Hemorrhage

DUE TO (c)

Hypertensive heart disease & Diabetes

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 1962 to 6-30-63 and last saw her alive on 7:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

G. Noel Pains

22b. ADDRESS

Moberly, Missouri

22c. DATE SIGNED

7, 16, 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

JULY 5 - 1963

23c. NAME OF CEMETERY OR CREMATORY

Madison Cemetery

23d. LOCATION (City, town, or county)

MADISON MO

24. FUNERAL DIRECTOR

Edmund E. Robinson

7/17/1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

W. Earl White

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Robinson

Licensed Embalmer No. 4999

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit issued July 2-1943
Embalmed by E. E. Robinson
Dr. Wad and of town from July 2-1943*